Attorney Docket No. 5998-0507PUS4

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ADDITIONAL HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE **Insert Title:** RECEPTOR ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on\_ 08/08/2006 as United States Application Number Information (if applicable) and/or For Use Without the specification was filed on 02/15/2005 \_as PCT International Application Number PCT/US2005/004774; Specification Attached: and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Priority Claimed Insert Priority Information (Number) (Country) (Month/Day/Year Filed) (if appropriate) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) Yes No I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/608,960 February 18, 2004 Application(s): (Application Number) (Filing Date) (if any) (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S Application(s): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if any) (Application Number) (Filing Date) (Status – patented, pending, abandoned)

(Rev. 05/2004

I hereby appoint the practitioners at **CUSTOMER NO.** 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

### CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor →	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*
Insert Date This Document is Signed	Residence (City, State & Country)	L	CITIZENCLUD
Insert Residence Insert Citizenship →	Toronto, Canada		CITIZENSHIP Canada
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th Fl	including City, State & Country) oor; Toronto, Ontario M5G 1L8; C	CANADA
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME Methvin ISAAC	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Brampton, Canada		CITIZENSHIP Canada
	MAILING ADDRESS (Complete Street Address c/o NPS Allelix Corp.; 101 College Street, 8th Fl		CANADA
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME Martin JOHANSSON	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	including City, State & Country) ertälje; SWEDEN	
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Annika KERS	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Sodertalje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	including City, State & Country) ertälje; SWEDEN	
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Johan MALMBERG	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country) Södertälje, Sweden		CITIZENSHIP Sweden
	MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	including City, State & Country) ertälje; SWEDEN	
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME Donald MCLEOD	INVENTOR'S SIGNATURE	360 9/7/2006
	Residence (City, State & Country) Salt Lake City, Utah		CITIZENSHIP US
	MAILING ADDRESS (Complete Street Address c/o NPS Pharmaceuticals, Inc.; 383 Colorow Dri	including City, State & Country) ve; Salt Lake City, Utah 84108	

<sup>\*</sup>DATE OF SIGNATURE

Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	Alexander MINIDIS				
	Residence (City, State & Country)		CITIZENS	SHIP	
	Södertälje, Sweden			Sweden	
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)	L		
	c/o AstraZeneca R&D Södertälje; SE-151 85 Söd	dertälje; SWEDEN		!	
Full Name of Eight Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Karin STAAF				
	Residence (City, State & Country)		CITIZENS	SHIP	
	Södertälje, Sweden			Sweden	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)			
	c/o AstraZeneca R&D Södertälje; SE-151 85 Sö	lertälje; SWEDEN			
Full Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	Abdelmalik SLASSI				
	Residence (City, State & Country)		CITIZENS	SHIP	
	Mississauga, Canada			Canada	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	<del>1</del>		
	c/o NPS Allelix Corp.; 101 College Street, 8th F	loor; Toronto, Ontario M5G 1L8; 0	CANADA		
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	Tomislav STEFANAC				
	Residence (City, State & Country)		CITIZENS	SHIP	
	Burlington, Canada			Canada	
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)	<u> </u>		
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA				
Full Name of Eleventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any: see above	Thomas M. STORMANN	Tamach Hor	nan	Sept. 7,	2006
	Residence (City, State & Country)		CITIZENS		
	Salt Lake City, Utah			US	
	MAILING ADDRESS (Complete Street Address	including City, State & Country)	<del>I</del>		
	c/o NPS Pharmaceuticals, Inc.; 383 Colorow Di	described and the City of the Landson			
	e, o 1410 Thatmaceancais, me., 505 Colorow Di	ive; Sait Lake City, Utan 84108			
Full Name of Twelfth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	·	DATE*	
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME David WENSBO		·	DATE*	
Inventor, if any:	GIVEN NAME/FAMILY NAME		CITIZENS		
Inventor, if any:	GIVEN NAME/FAMILY NAME David WENSBO		CITIZENS		
Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENS	БНІР	
Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden	INVENTOR'S SIGNATURE	CITIZENS	БНІР	
Inventor, if any: see above  full Name of Thirteenth	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE	CITIZENS	БНІР	
Inventor, if any: see above	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME  Tao XIN	INVENTOR'S SIGNATURE s including City, State & Country) dertälje; SWEDEN	CITIZENS	5HIP Sweden	
Inventor, if any: see above  Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE s including City, State & Country) dertälje; SWEDEN	CITIZENS	SWEDEN DATE*	
Inventor, if any: see above  Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME  Tao XIN  Residence (City, State & Country)  Woodbridge, Canada	INVENTOR'S SIGNATURE s including City, State & Country) dertälje; SWEDEN INVENTOR'S SIGNATURE		SWEDEN DATE*	
Inventor, if any: see above  Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME  Tao XIN  Residence (City, State & Country)  Woodbridge, Canada  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE  sincluding City, State & Country) dertälje; SWEDEN  INVENTOR'S SIGNATURE	CITIZENS	Sweden  DATE*	
Inventor, if any: see above  Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME  Tao XIN  Residence (City, State & Country)  Woodbridge, Canada	INVENTOR'S SIGNATURE  sincluding City, State & Country) dertälje; SWEDEN  INVENTOR'S SIGNATURE	CITIZENS	Sweden  DATE*	
Inventor, if any: see above  Full Name of Thirteenth Inventor, if any:	GIVEN NAME/FAMILY NAME  David WENSBO  Residence (City, State & Country)  Södertälje, Sweden  MAILING ADDRESS (Complete Street Address c/o AstraZeneca R&D Södertälje; SE-151 85 Söd  GIVEN NAME/FAMILY NAME  Tao XIN  Residence (City, State & Country)  Woodbridge, Canada  MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE  sincluding City, State & Country) dertälje; SWEDEN  INVENTOR'S SIGNATURE	CITIZENS	Sweden  DATE*	

Full Name of Fourteenth Inventor, if any: see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Jalaj ARORA				
Residence (City, State & Country)		CITIZENSHIP		
Milton, Canada		Canada		
MAILING ADDRESS (Complete Street Address including City, State & Country)				
c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA				

<sup>\*</sup>DATE OF SIGNATURE

Attorney Docket No. 5998-0507PUS4

(Status - patented, pending, abandoned)

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

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(Filing Date)

(Application Number)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>4</b>	y i				
Full Name of First	GIVEN NAME/FAMILY NAME  INVENTOR'S SIGNATURE  DATE:				
or Sole Inventor: Insert Name of	Louise EDWARDS	INVENTOR'S SIGNATURE		DATE*	
Inventor → Insert Date This Document is Signed					
_	Residence (City, State & Country)		CITIZEN	CLUD	
Insert Residence	Toronto, Canada			Canada	
Insert Post Office	MAILING ADDRESS (Complete Street Addr	ress including City, State & Country		Canada	
Address →	c/o NPS Allelix Corp.; 101 College Street, 8t	h Floor; Toronto, Ontario M5G 11.8.	CANADA		
Full Name of Second	GIVEN NAME/FAMILY NAME		CHITIDH		
Inventor, if any: see above	Methvin ISAAC	INVENTOR'S SIGNATURE		DATE*	
see above					
	Residence (City, State & Country)	•	CITIZEN	SHIP	
	Brampton, Canada			Canada	
	MAILING ADDRESS (Complete Street Addr	ess including City, State & Country)	<del></del>		
	c/o NPS Allelix Corp.; 101 College Street, 8th	h Floor; Toronto, Ontario M5G 1L8;	CANADA		
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S FIGNATURE		DATE	
Inventor, if any: see above	Martin JOHANSSON	1 . 11. / // .		DATE*	
	Residence (City Challed C	Man-Jama		7/4-2006	
	Residence (City, State & Country) Lund, Sweden		CITIZENS	SHIP	
				Sweden	
	MAILING ADDRESS (Complete Street Addrec/o Respiratorius, Magistratsvägen 10, SE-22	ess including City, State & Country)			
		6 43 Lund, Sweden			
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Annika KERS	Amika Ker	_	12/2	
	Residence (City, State & Country)	TOMMUKU KEN		12/9-2006	
	Sodertalje, Sweden		CITIZENS		
	MAILING ADDRESS (Complete Street Addre	ess including City State & Country		Sweden	
	c/o AstraZeneca R&D Södertälje; SE-151 85 S	ödertälje; SWEDEN			
ull Name of Fifth	GIVEN NAME/FAMILY NAME				
Inventor, if any: see above	Johan MALMBERG	INVENTOR'S SIGNATURE	_	DATE*	
				134-2006	
	Residence (City, State & Country) Södertälje, Sweden		CITIZENS		
	MAILING ADDRESS (C. 1)			Sweden	
	MAILING ADDRESS (Complete Street Addre c/o AstraZeneca R&D Södertälje; SE-151 85 Sö	ess including City, State & Country)			
		odertalje; SWEDEN			
ull Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Donald MCLEOD			<u>-</u>	
	Residence (City, State & Country)		OVER THE REAL PROPERTY.		
	Salt Lake City, Utah		CITIZENSI		
	MAILING ADDRESS (Complete Street Address	ss including City State & Court	L	US	
	c/o NPS Pharmaceuticals, Inc.; 383 Colorow D	Prive: Salt Lake City 11tah 24100			
L		July Bake City, Otali 04100			

<sup>\*</sup>DATE OF SIGNATURE

see above Full Name of Eight Inventor, if any:	Alexander MINIDIS Residence (City, State & Country) Södertälje, Sweden	Moss A	$\stackrel{\triangle}{\longrightarrow}$	Sent "M, 200	
Full Name of Eight Inventor, if any:	Södertälje, Sweden	/		1 300/F /02U/U	
Full Name of Eight Inventor, if any:			CITIZE	ENSHIP	
Full Name of Eight Inventor, if any:	MAII INC ADDDESS			Sweden	
ull Name of Eight Inventor, if any:	MAILING ADDRESS (Complete Street Add	dress including City, State & Countr	(v)		
ull Name of Eight Inventor, if any:	c/o AstraZeneca R&D Södertälje; SE-151 85	Södertälje; SWEDEN	,		
	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE			
see above	Karin STAAF	Lum Staat	1	DATE*	
	Residence (City, State & Country)	- quint stout	CITIZE	Sept 12 thide	
	Södertälje, Sweden		CITIZE		
ľ	MAILING ADDRESS (Complete Street Add	ress including City State & Co.	<u> </u>	Sweden	
	c/o AstraZeneca R&D Södertälje; SE-151 85	Södertälie: SWEDEN	у)		
Name of Ninth	GIVEN NAME/FAMILY NAME				
nventor, if any: see above	Abdelmalik SLASSI	INVENTOR'S SIGNATURE		DATE*	
	Residence (City, State & Country)				
	Mississauga, Canada		CITIZEI	NSHIP	
				Canada	
	MAILING ADDRESS (Complete Street Addr	ress including City, State & Country	7)		
-	c/o NPS Allelix Corp.; 101 College Street, 8t	h Floor; Toronto, Ontario M5G 1L8	; CANADA		
wenter, ir any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Tomislav STEFANAC				
	Residence (City, State & Country)		CITIZEN	JSHIP	
	Burlington, Canada			Canada	
	MAILING ADDRESS (Complete Street Address including City, State & Country)				
(	c/o NPS Allelix Corp.; 101 College Street, 8th	1 Floor; Toronto, Ontario M5G 1L8:	CANADA		
Name of (	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	CHIMIDH		
ventor, if any: see above	Thomas M. STORMANN	MATURE		DATE*	
I	Residence (City, State & Country)		CITIZEN	COLUM	
	Salt Lake City, Utah		CITIZEN	<del></del>	
N	MAILING ADDRESS (Complete Street Addre	ess including City State & C		US	
c	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Pharmaceuticals, Inc.; 383 Colorow Drive; Salt Lake City, Utah 84108				
Name of Twelfth	GIVEN NAME/FAMILY NAME				
entor, if any: see above	David WENSBO	INVENTOR'S SIGNATURE	1	DATE*	
R	esidence (City, State & Country)	Ward Wens		Sp 12th 2008	
	ödertälje, Sweden		CITIZENS	SHÍP /	
				Sweden	
c	MAILING ADDRESS (Complete Street Address including City, State & Country)				
	c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN				
nth ntor, if any:	IVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Tao XIN				
	esidence (City, State & Country)		CITIZENS	HIP	
	oodbridge, Canada			Canada	
М	AILING ADDRESS (Complete Street Addres o NPS Allelix Corp.; 101 College Street, 8th F	s including City, State & Country)	L		

Fuli Name of Fourteenth Inventor, if any: see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*		
Jalaj ARORA				
Residence (City, State & Country)		CITIZENSHIP		
Milton, Canada		Canada		
MAILING ADDRESS (Complete Street Addre	ss including City, State & Country)			
c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA				

<sup>\*</sup>DATE OF SIGNATURE

(Rev. 05/2004)

Page 4 of 4

Attorney Docket No. 5998-0507PUS4

### BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ADDITIONAL HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE Insert Title: RECEPTOR ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Fill in Appropriate The specification was filed on 08/08/2006 as United States Application Number Information and amended on (if applicable) and/or For Use Without the specification was filed on 02/15/2005 as PCT International Application Number PCT/US2005/004774; Specification Attached: and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) Priority Claimed Insert Priority Information (Number) (Country) Yes (Month/Day/Year Filed) (if appropriate) Yes (Number) (Country) (Month/Day/Year Filed) (Number) Yes (Country) (Month/Day/Year Filed) (Number) (Country) (Month/Day/Year Filed) Yes I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below. Insert Provisional 60/608.960 February 18, 2004 Application(s): (Application Number) (Filing Date) (if any) (Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Insert Requested Country Application Number Date of Filing (Month/Day/Year) Information (if appropriate) I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior U.S. Application(s): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if anv) (Application Number) (Filing Date) (Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

#### CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor → Insert Date This	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE* Aug 30/06		
Document is Signed  Insert Residence Insert Citizenship	Residence (City, State & Country) Toronto, Canada	4 (2000)	CITIZENSHIP Canada		
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<sup>\*</sup>DATE OF SIGNATURE

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Inventor, if any: see above	Tomislav STEFANAC	Honislan Helon	<b>بر</b> ا	Aug 30,2006	
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Inventor, if any: see above	Thomas M. STORMANN				
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